



**MODULE F**  
**Program Development and**  
**Training Review**



**Date:**

**Visit Number:**

**Agency (Legal Applicant):**

**Program Name:**

**Physical Address:**

**Mailing Address (if different):**

**Phone:**

**Fax:**

**E-Mail:**

**GFBCI Commission Staff Completing Site Visit:**

**Program Staff Present:**

**Name:**

**Title:**

**Name:**

**Title:**

**Name:**

**Title:**

**Name:**

**Title:**

**Name:**

**Title:**

**NOTES:**

## **I. Member Recruitment and Selection**

### **1. Local recruitment plan ensures diversity. *Describe***

**a.** Evidence of fair, open, nondiscriminatory selection process based on either (1) random review of member files or (2) review of all applications submitted. *Indicate which method used and results*

### **2. Recruitment materials clearly state minimum qualifications.**

Yes\_\_\_ No\_\_\_

### **3. Members enrolled by enrollment cutoff (30 days after the program starts)**

*If enrollment date was extended was permission obtained from the GFBCI.*

Yes\_\_\_ No\_\_\_

***Notes:***

## **II. Member Orientation and Training**

Member orientation plan and agenda designed to enhance member security and community sensitivity, including:

Member rights and responsibilities	Yes___	No___
Prohibited activities	Yes___	No___
Suspension/Termination from services	Yes___	No___
Sexual harassment and other discrimination issues	Yes___	No___
Grievance procedures	Yes___	No___
Code of conduct	Yes___	No___
Requirement under the Drug-Free Workplace Act	Yes___	No___
History of AmeriCorps and National Service	Yes___	No___

The Governor's Office of Faith-Based and Community Initiatives

Plan for orienting members enrolled after initial orientation Yes\_\_\_ No\_\_\_  
*Describe*

Plan for in-service or ongoing training with agendas Yes\_\_\_ No\_\_\_  
*Describe/Attach*

Plan to ensure members are adequately trained and prepared to serve the community

Yes \_\_\_ No \_\_\_

Plan to provide pre-service and on-going training that ensures members are skilled to perform at their service site

Yes \_\_\_ No \_\_\_

Evidence of use of structured activities for members to reflect on service  
Yes\_\_\_ No\_\_\_

Plan for supporting members in attaining GED Yes\_\_\_ No\_\_\_  
*Describe*

Plan for supporting members in making the transition after end of service. *Describe*  
Yes\_\_\_ No\_\_\_

Plan for encouraging members to vote. *Describe* Yes\_\_\_ No\_\_\_

Plan for involving members in selection of training topics. *Describe*  
Yes\_\_\_ No\_\_\_

Ensures that members training hours do not exceed 20% of total hours served for service year Yes \_\_\_ No \_\_\_

### III. Member Supervision

Communicates policy and ensures that members do not engage in prohibited activities.

*Describe*

Yes\_\_\_ No\_\_\_

Provides on-site supervision of all members *OR* ensures that members receive adequate supervision. *Describe* Yes\_\_\_ No\_\_\_

Trains and adequately prepares site supervisors. *Describe* Yes\_\_\_ No\_\_\_

Plan to ensure that site supervisors absent from initial training are adequately prepared.

*Describe*

Yes\_\_\_ No\_\_\_

### IV. Program/Site Partnerships

Orientation for Site Partners Yes\_\_\_ No\_\_\_

*Describe or attach most recent agenda*

Written Site Partner Agreements Yes\_\_\_ No\_\_\_

*Attach*

How does site partner provide feedback to the program? *Describe*

**V. Other Training**

Is program participating annually in Certified Emergency Response Team Training?

*List Date(s) of Training and Members/Staff Trained*

Is the program providing citizenship training for members Yes \_\_\_\_ No \_\_\_\_

Does program have specific training needs or concerns related to training not being adequately addressed?

*Notes/Recommendations:*